Monthly Medication Administration Record (Page 1 of 2)

Student Name:________________________________ District:__________

DOB:_________ Grade:_______ QIII Bldg Location:_____________________

Parent Name:_____________________________________Tel.#:_______________________

Medication Order: Medication Name:________________________________ ☐√ IHCP on File

Order Start Date (MM/DD/YY):_____________Order Expiration Date (MM/DD/YY):_______________

Dose:_____________ Route:________________Frequency:_____________ ICD-10 Code:_____________

Physician/NP/PA:____Tel.#:_______________________________

Date	Time-In	Time Given	Time-Out	Dose	Exception Code	Reaction	Signature/Title
					☐Out of Med ☐Absent ☐Refused ☐Field Trip ☐Other*	☐Adverse* ☐Appropriate	
					☐Out of Med ☐Absent ☐Refused ☐Field Trip ☐Other*	☐Adverse* ☐Appropriate	
					☐Out of Med ☐Absent ☐Refused ☐Field Trip ☐Other*	☐Adverse* ☐Appropriate	
					☐Out of Med ☐Absent ☐Refused ☐Field Trip ☐Other*	☐Adverse* ☐Appropriate	
					☐Out of Med ☐Absent ☐Refused ☐Field Trip ☐Other*	☐Adverse* ☐Appropriate	
					☐Out of Med ☐Absent ☐Refused ☐Field Trip ☐Other*	☐Adverse* ☐Appropriate	
					☐Out of Med ☐Absent ☐Refused ☐Field Trip ☐Other*	☐Adverse* ☐Appropriate	
					☐Out of Med ☐Absent ☐Refused ☐Field Trip ☐Other*	☐Adverse* ☐Appropriate	
					☐Out of Med ☐Absent ☐Refused ☐Field Trip ☐Other*	☐Adverse* ☐Appropriate	
					☐Out of Med ☐Absent ☐Refused ☐Field Trip ☐Other*	☐Adverse* ☐Appropriate	
					☐Out of Med ☐Absent ☐Refused ☐Field Trip ☐Other*	☐Adverse* ☐Appropriate	
					☐Out of Med ☐Absent ☐Refused ☐Field Trip ☐Other*	☐Adverse* ☐Appropriate	
					☐Out of Med ☐Absent ☐Refused ☐Field Trip ☐Other*	☐Adverse* ☐Appropriate	
					☐Out of Med ☐Absent ☐Refused ☐Field Trip ☐Other*	☐Adverse* ☐Appropriate	
					☐Out of Med ☐Absent ☐Refused ☐Field Trip ☐Other*	☐Adverse* ☐Appropriate	
					☐Out of Med ☐Absent ☐Refused ☐Field Trip ☐Other*	☐Adverse* ☐Appropriate	
					☐Out of Med ☐Absent ☐Refused ☐Field Trip ☐Other*	☐Adverse* ☐Appropriate	

*All documentation should include date, time, signature, and title.

Medication Administration Procedure Code: T1002= RN Services up to 15 min. or Medication Administration Procedure Code: T1003= LPN Services up to 15 min.

Supervising SNTP: ☐√ **Tammy Barbour**; License #38380588; NPI #1285901827;

RN: ☐**Sharyn Flesher**-License #22338664; NPI #1326426446; ☐**Ann Wemitt-Overly**-License #22179380; NPI #1952776320

LPN: **Colleen Allen**-License #10231399; **Kathleen Balfoort**-License #10122264; **Tammy Gabriel**-License #10153434; **Kathleen Hitt-Nielsen**-License #10300442; **Jessica Kidney**-License #10316758; **Kristi Maldonado**-License #10331339; **Mary Ann Miller**-License #10233841; **Pam Ryan**-License #10167575; **Deborah Prime (Wasserbach)**-License #10164660; **Terri Wyman**-License #10240165

Monthly Medication Administration Record (Page 2 of 2)

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DOB:_________ Grade:_______ QIII Bldg Location:____________________

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					☐Out of Med ☐Absent ☐Refused ☐Field Trip ☐Other*	☐Adverse* ☐Appropriate	

Date	Time-In	Time Given	*NOTES (pertaining to medication administration):	Signature/Title

*All documentation should include date, time, signature, and title.

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